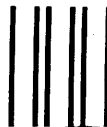


UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

box

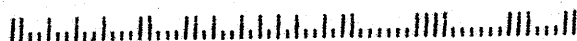
P 074 978 548

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

• Print your name, address, and ZIP Code in this box •

State of Utah
Department of Natural Resources
Division of Oil, Gas and Mining
PO Box 145801
Salt Lake City, Utah 84117-5801



| | |
|---|--------------------|
| Sent to SEABORD SURETY CO | |
| Street and No. 6225 CENTENNIAL WAY | |
| P.O., State and ZIP Code BALTIMORE MD 21209 | |
| Postage | \$ |
| Certified Fee | |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt showing to whom and Date Delivered | APR 12 2000 |
| Return Receipt showing to whom, Date, and Address of Delivery | |
| TOTAL Postage and Fees | \$ |
| Postmark or Date | |

PS Form 3800, June 1985

DOGM SM 4-12-00 ACT/015/002 Box 145801 DNR

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

SEABORD SURETY COMPANY
6225 CENTENNIAL WAY
BALTIMORE MD 21209

4a. Article Number

P 074 978 548

4b. Service Type

- ☐ Registered ☒ Certified
- ☐ Express Mail ☐ Insured
- ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

4/17

5. Received By: (Print Name)

J. SHERIDAN

6. Signature: (Addressee)

X

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

SM DOGM 4-12-00 ACT/015/002

102595-97-B-0179

Domestic Return Receipt